

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist((s) Debra V	anderbeek, Rober	t Clegg, Periklis Karoutas	, Leann Moccia
II. Name of lobbyist'	's partnership, firm (or corporation, if ar	ıy:	
Legis	lative Solutions, L.L.	C.		
(Nai	ne of partnership, firm o	r corporation)		
P.0	D. Box 10724	Bedford	NH	03110
Business Address: (St	reet)	(Town/City)	(State)	(Zip Code)
() 603-986-914	5 ()	_{e-mail} dbeek@	Paol.com
(Telephone)		(Fax)	v man	
III. This statement coreportable expense to				may file a separate report for
☐ All reportable tran	sactions occurring in	the months prior to t	he reporting date relative to	the following client:
		Camp Directors As		<u></u>
OD	(Full Name of Client	as it appears on the Lol	bbyist Registration Form)	
OR	sactions by the lobby	et (including the lab	hvist's family), or the labby	ing firm listed below which are
unrelated to any partic		st (mendang the look	byist's family), of the follow	ing firm listed below which are
IV. Date of Report	April 26, 2017		July 26, 2017	
_	vity from date of registro	tion to 3/31/17	activity from 4/1/17 to 6/30	717
	October 25, 2017		January 31, 2018]
	activity from 7/1/17 to	9/30/17	activity from 10/1/17 to 12	31/17
		_	transactions made since e Secretary of State's Office	<u>-</u>
VI. Check if addition	nal reports are attach	ied:		
If you have receiv	ved fees or made expe	nditures, you must fi	le Addendum A— Fees and	Expenses
☐ If you have paid a Expense Reimbursem		bursed expenses, yo	u must file Addendum B –	Report of Honorariums or
☐ If you, your firm,	or your family has ma	ade political contribu	itions, you must file Adden	dum C– Political Contributions
Sworn Statement/Af I have read RSA 15, F and complete to the be (Signature of lobbyis) Debra Vanderbeek	RSA 15-B, RSA 14-C est of my knowledge a	and RSA 664 and he		RECEIVED JUL 31 2017
(Print Name of lobby	ist)			NEW
·				NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Debra Vanderbeek, Robert Clegg, Periklis Karout	as, ceann moceia				
II. Name of lobbyist's partnership, firm or corporation, if any:					
Legislative Solutions, L.L.C.					
(Name of partnership, firm or corporation)					
III. Name of Client NH Camp Directors Association	Date July 10, 2017				
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	relations, or public relations services				
a) Total of all fees received in this reporting period	a) \$ 1500.00				
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	b) \$ <u>1500.00</u> ear)				
c) Total of all fees received to date (Add lines a and b)	c) \$ <u>3000.00</u>				
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ <u>0</u>				
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office e individual expenses where the expenditure was of \$25.00 or less (for examplunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this reparance purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value great restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm e aggregate total of all expenses paid expenses; (b) the aggregate total of alle: meals purchased during a businesses than \$10 that is given to the personed with a value of \$25.00 or less); and orting period of greater than \$25.00 four of greater than \$25, purchase of the er than \$25, but not greater than \$50 st, expense reimbursement, or politicated on Addendum A.				
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.b) Total aggregate of expenditures during this reporting period, not reported	a) \$ 1500.00				
in a), of \$25 or less.	b) \$ <u>0</u>				
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ <u>0</u>				

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 1500.00
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ <u>1500.00</u>
f) Total of all expenses year to date	f) \$ 3000.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
	 .
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
046/11/60	July 10, 2017
(Signature of lobbyist)	(Date)
Debra Vanderbeek	
(Print Name of lobbyist)	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or con	rporation: Legislative Solutions
	s for the partnership, firm, or corporation and not related to any
particular client):	
Date of Report (check one):	
April 26, 2017	October 25, 2017 January 31, 2018 Graph 19, 2018 January 31, 2018 January 31, 2018 January 31, 2018 January 31, 2018 January 31, 2018 January 31, 2018 January 31, 2018 January 31, 2018 January 31, 2018 January 31, 2018 January 31, 2018 January 31, 2018 January 31, 2018 January 31, 2018
· · · · · · · · · · · · · · · · · · ·	, the Statement of Income and Expenses described above, and that Statement (insert the number of Addendum forms being
Addendum A(s).	
Addendum B(s).	
Addendum C(s).	
complete to the best of my knowledge and	July 10, 2017
(Signature of lobbyist)	(Date)
Robert Clegg	
(Print Name of lobbyist)	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn	Staten	nent/Aff	ĭrma	tion	by Lo	obbyist
Statem	ent of	Income	and	Expe	nses	for:

Name of Lobbying partnership, firm, or corpor	ration: Legislative Solutions
	the partnership, firm, or corporation and not related to any
Date of Report (check one):	
April 26, 2017	October 25, 2017 January 31, 2018
	e Statement of Income and Expenses described above, and t Statement (insert the number of Addendum forms being
Addendum A(s).	
Addendum B(s).	
Addendum C(s).	
I hereby swear or affirm that the foregoing info complete to the host of my knowledge and believed	formation on the Statement and each Addendum is true and ef. July 10, 2017
(Signature of lobbyist)	(Date)
Periklis Karoutas	
(Print Name of lobbyist)	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

(Print Name of lobbyist)

Sworn Statement/Af Statement of Income	•	ist			
Name of Lobbying parts	nership, firm, or corpor	ation:	Legislative S	olutions	
Name of Client (leave b	lank if Statement is for	r the partner	ship, firm, or	corporation and	not related to any
particular client):					
Date of Report (check o	one):				
April 26, 2017 □	July 26, 2017	October 2	5, 2017 🗆	January 31, 2	2018 □
I have read RSA 15, R3 the following Addendu submitted):				-	
Addendum A(s)).				
Addendum B(s)).				
Addendum C(s)).				
I hereby swear or affirm complete to the best of			the Statemen	nt and each Addo	endum is true and
hearn 1	Micha	/	July	10, 2017	
(Signature of lobbyist)				(Date)	
Leann Moccia					